

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-036151

9203

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 28 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *ST. LOUIS*

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *ALEXIAN BROS. HOSP.*

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

3619th MISSOURI

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

MARY

LOUISE FOERSTER

4. DATE OF DEATH

Month

Day

Year

SEPT. 22 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

OCT 23 1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

MICHAEL GERAU

13b. MOTHER'S MAIDEN NAME

MARY KNIGHT

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VIRGINIA ISING 3619th MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic C V R Disease

15 yrs

DUE TO (c)

Diabetes Mellitus

30 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

260X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *15 Jan 62* to *22 Sept 62* and last saw her alive on *21 Sept 62*
Death occurred at *1240 P.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles A. Nester MD

22b. ADDRESS

36545 Grand

22c. DATE SIGNED

9-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

SEPT. 26 1962

23c. NAME OF CEMETERY OR CREMATORY

SS PETER & PAUL CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kuter 2906 Thomas

25. DATE RECD. BY LOCAL REG.

SEP 24 1962

26. REGISTRAR'S SIGNATURE

Boal Smith MD

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1

2 *224*

3

4 *1*

5 *2*

6

7 *0*

8 *2*

9

10

11

12 *50-0*

13

50

Mr. Walter
36518. Grand
No 4-5567

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Walter*
Licensed Embalmer No. 4861

P. O. Address Walter 19. No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.